



## Critical Care Therapy and Respiratory Care Section

Category:	Clinical
Section:	Diagnostics
Title:	Nasopharyngeal Wash
Policy #:	04
Revised:	04/00

### 1.0 PURPOSE

- 1.1 A nasopharyngeal wash/aspirate will be performed upon written order of a physician specifically requesting cells/specimen to aid in the diagnosis of one of the following:

- 1.1.1 Influenza - A
- 1.1.2 Influenza - B
- 1.1.3 Respiratory Syncytial Virus (RSV)
- 1.1.4 Adenovirus
- 1.1.5 Parainfluenza Type I
- 1.1.6 Parainfluenza Type II
- 1.1.7 Parainfluenza Type III

1.2 Contraindications

- 1.2.1 Platelet count < 20K
- 1.2.2 Epistaxis
- 1.2.3 Nasal lesions or trauma to nares or pharynx
- 1.2.4 Respiratory distress: nasal flaring, retractions, and/or pulse oximetry reading  $\leq 90\%$

### 1.3 Potential Side Effects

- 1.3.1 Tickling sensations of the nose and/or throat
- 1.3.2 Watering eyes
- 1.3.3 Nasal stuffiness, burning after procedure
- 1.3.4 Coughing, gagging
- 1.3.5 Middle ear infection (rare)
- 1.3.6 Nose bleed
- 1.3.7 Vasovagal response
- 1.3.8 Aspiration

## 2.0 POLICY

- 2.1 Only respiratory care practitioners who have successfully completed the Nasopharyngeal Wash/Aspirate check-off procedure in the CCTRCS may carry out the written order of the physician.

## 3.0 EQUIPMENT AND MATERIALS (for Procedure A)

- 3.1 Mask
- 3.2 Goggles
- 3.3 Preservative free 0.9% NS
- 3.4 Bag of ice
- 3.5 4x4 Gauze
- 3.6 Tape
- 3.7 Yankauer suction
- 3.8 10 Fr. suction catheter (if applicable)
- 3.9 2-10cc Luer lock syringe with interlink cannula
- 3.10 Scissors (if applicable)

3.11 Sterile specimen cup

#### **4.0 PROCEDURE A**

##### **Technique for alert and oriented patients**

- 4.1 Obtain materials.
- 4.2 Explain the procedure and possible side effects to patient/parents.
- 4.3 Set up room with emergency equipment (i.e., O<sub>2</sub>, Manual Resuscitator, Suction Equipment) and make sure emergency equipment is functional.
- 4.4 Don mask and goggles.
- 4.5 Wash hands, don gloves.
- 4.6 Draw up 7.5cc 0.9%NaCl in (2) 10cc syringes.  
NOTE: Do not use bacteriostatic saline
- 4.7 Position patient so that he or she is sitting in an upright position.
- 4.8 Have patient hold sterile cup with one hand, hold one nostril closed, and hold their breath.
- 4.9 Insert 0.9% NaCl with 10cc syringe nasally, and have patient lean forward and drain saline into sterile cup.
- 4.10 Repeat step 9 with other nostril.
- 4.11 Place sample on ice and take to microbiology lab with transmittal slip.

NOTE: If patient is unable to follow above technique, Use Procedure B.

#### **5.0 EQUIPMENT AND MATERIALS (for Procedure B)**

- 5.1 Appropriate size suction catheter; a 10 Fr. will be adequate for most adults and large children. Small children may require the use of an 8 Fr. catheter
- 5.2 Sterile specimen trap
- 5.3 Sterile 0.9% NaCl (normal saline) - preservative free (nonbacteriostatic)
- 5.4 Suction apparatus
- 5.5 Oxygen equipment

- 5.6 Manual resuscitator
- 5.7 Pulse oximeter
- 5.8 Particulate respirator, sterile gloves, goggles, and gown
- 5.9 Wet ice in a plastic bag
- 5.10 Patient label
- 5.11 Lab transmittal slip

## **6.0 PROCEDURE B**

- 6.1 Collect the supplies and equipment and explain the procedure to the patient.
- 6.2 Place the patient on pulse oximetry.
- 6.3 Assemble the suction catheter, specimen trap, and suction apparatus aseptically.
- 6.4 Don respirator, gloves, goggles, and gown.
- 6.5 Place the patient in a 30-degree semi-Fowler's position with the head tilted slightly forward.
- 6.6 Insert the catheter into the nare about one and one-half to two inches (into the nasopharynx), and apply suction as the catheter is withdrawn. If this procedure yields no specimen, introduce sterile normal saline into the nasopharynx immediately prior to a second aspiration.  
NOTE: Do not lubricate the suction catheter since this may interfere with specimen preparation and diagnosis.
- 6.7 Aspirate sterile normal saline through the suction catheter to "collect" the specimen in the trap. The final volume of the specimen should be a minimum of 2 ml.
- 6.8 Immediately place the specimen on wet ice.
- 6.9 Assure the comfort and well-being of the patient.
- 6.10 Transport the patient-labeled specimen on ice with a lab transmittal slip to Clinical Pathology - Microbiology Section.

## **7.0 POST PROCEDURE CHARTING**

Document that the procedure was performed and any complications which may have occurred in the "Progress Notes" section of the patient's chart. Also indicate that the specimen was delivered to Microbiology for the viral assays, and that results are pending.

## **8.0 REFERENCE**

- 8.1 Weidbrauk DL, Johnston SLG. Specimen collection and processing. In: Manual of clinical virology. New York: Raven Press, Ltd., 1993.

\*This procedure supercedes "Specimen Collection for Respiratory Syncytical (RSV)" procedure.

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